



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: VIBRA HOSPITAL OF NORTHERN INDIANA

City of Hospital: Crown Point

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Sheerin Moss

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Medicare Provider Number: 15-2028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$66732024
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$66732024

2. Deductions From Revenue

Contractual Allowance	\$49823556
Other Deductions	\$0
Total Deductions	\$49823556

3. Total Operating Revenue

Net Patient Service Revenue	\$17080557
Other Operating Revenue	\$25788
Total Operating Revenue	\$17106345

4. Operating Expenses

Salaries and Wages	\$7583978	Employee Benefits	\$794210
Depreciation and Amortization	\$89811	Interest Expense	\$0
Bad Debt	\$172109	Other Expenses	\$6616114
Total Operating Expenses	\$15256222		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2017293	Total Assets	\$13443448
Net Non-operating Gains over Loss	\$-2112191	Total Liabilities	\$2443600

Total Net Gains	\$-94898
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51411202	\$38432060	\$12979142
Medicaid	\$60318	\$54521	\$5797
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15476277	\$11164866	\$4311411
Total	\$66947797	\$49651447	\$17296350

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$94898	\$-94898
Other Allocations	\$0	\$0	\$0

Comments

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